

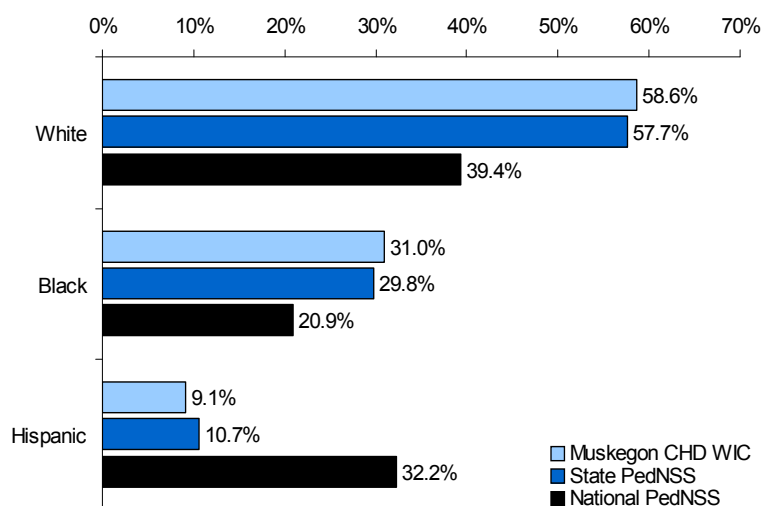
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

In 2000, Muskegon County had 11,531 residents under five years old (6.8% of the population). An estimated 20.1% of those residents lived below poverty. Muskegon County Health Department (Muskegon CHD) WIC program served approximately 5,776 infants and children participating in Michigan WIC. PedNSS data for WIC participants of Muskegon CHD WIC revealed:

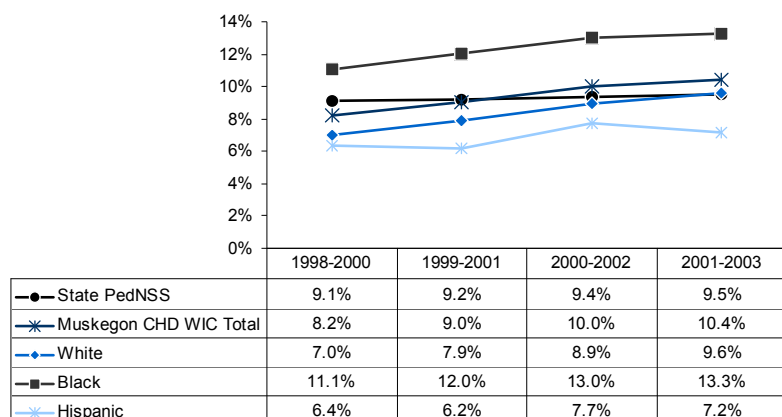
- Black infants are disproportionately effected by low birthweight compared to infants of other racial/ethnic groups (13.3% compared to 9.6% among White participants and 7.2% in Hispanic participants);
- Hispanic infants have the highest prevalence of high birthweight (birthweight greater than 4000g (13 lbs 8oz): 10.5%;
- The prevalence of short stature among Black children age two to five years old was half that of Black infants and children under the age two;
- Underweight is almost three times higher among infants and children under two than among children two to five years old;
- The prevalence of overweight in WIC children of Muskegon is lower compared to state and national statistics;
- Approximately one in five Black infants and children and one in ten White infants and children in Muskegon CHD WIC had iron deficiency anemia;
- Approximately one half of White and Hispanic infants and one-quarter of Black infants were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2003 PedNSS



Approximately half of infants and children under the age of five years old in Muskegon County WIC were non-Hispanic White.

Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the Muskegon County HD WIC Agency, 2000-2003 MI PedNSS



*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

The trend in low birthweight consistently increased for White and Black infants of Muskegon County WIC.

Since 1998-2000, the overall prevalence of infants ever breastfed among Muskegon County WIC infants increased modestly from 38.6% to 41.1%.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Muskegon CHD WIC agency, 2000-2003 PedNSS

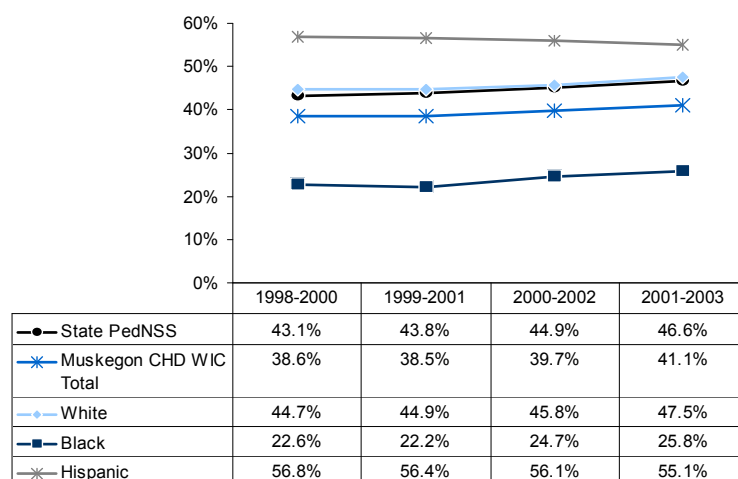
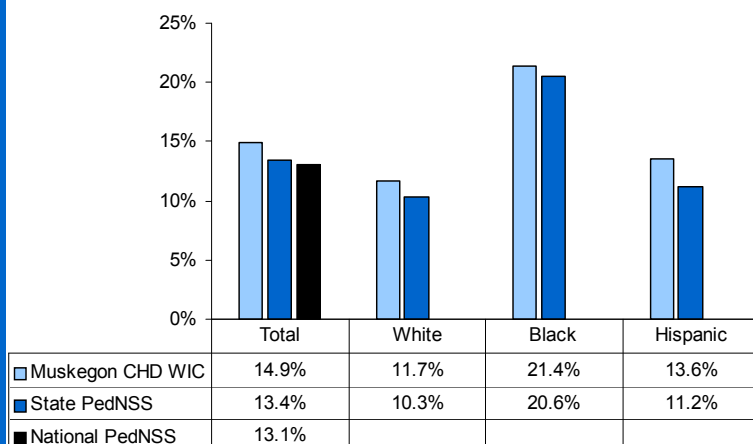


Figure 4. Prevalence of **iron deficiency anemia*** by race/ethnicity among infants and children under five years old, 2003 PedNSS

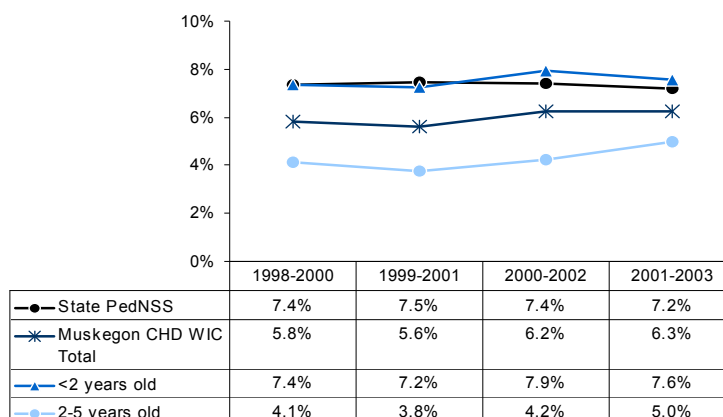


Within each racial ethnic group race/ethnicity, iron deficiency anemia was observed most often among Muskegon County WIC infants and children under five years old than their state peers.

*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

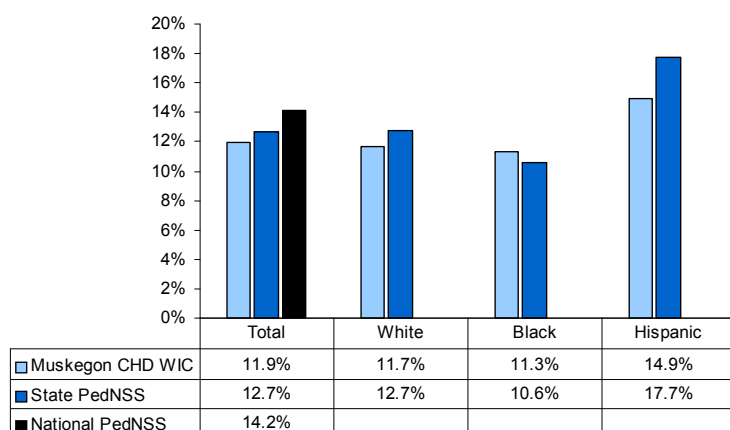
Short stature increased modestly for WIC infants and children under five years old of Muskegon County: 5.8% to 6.3%.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 2000-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

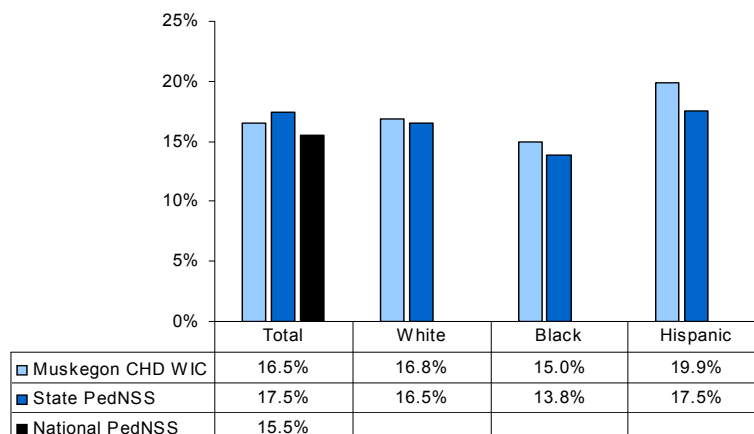
Figure 6. Prevalence of **overweight*** by race/ethnicity among children two to five years old, 2003 PedNSS



Hispanic children, locally and statewide, had an increased prevalence of overweight compared to other racial/ethnic group.

*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

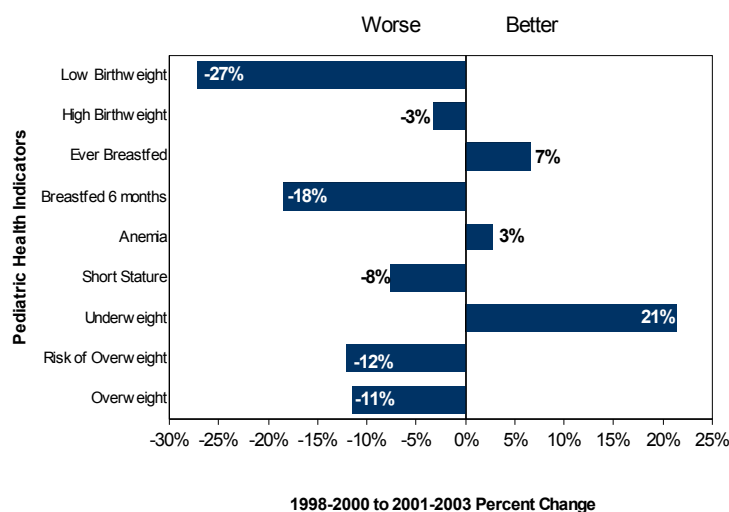
Figure 7. Prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2003 PedNSS



*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Black and Hispanic children two to five years old in Muskegon County WIC had a higher prevalence of risk of overweight compared to their state counterparts.

Figure 8. Pediatric **health progress review** for Muskegon CHD WIC infants and children two to five years old, 2000 and 2003 MI PedNSS



Muskegon County WIC improved in the areas of breastfeeding underweight and iron deficiency anemia.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.